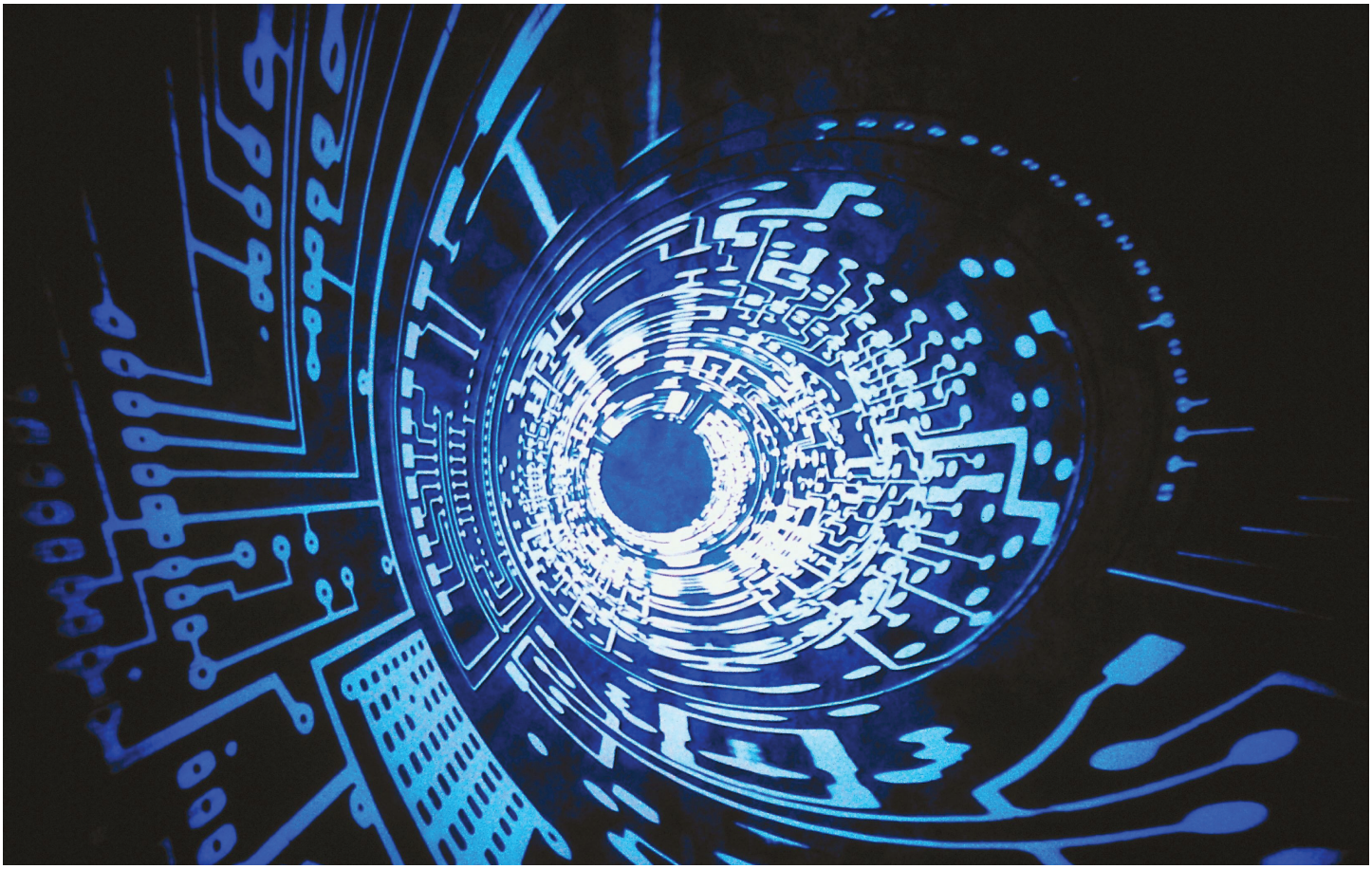

Jurisdiction 15 A/B MAC
Home Health & Hospice

EDI Enrollment *Packet*

Revised April 23, 2012.

Attention: Please Read Before Completing Paperwork

Jurisdiction 15 A/B MAC Update

CGS is working with the Centers for Medicare & Medicaid Services (CMS) to transition providers and submitters from your current Title 18 contract to Jurisdiction 15 A/B MAC. This transition will take place in stages. We will notify providers and submitters when your state and contract begins J15 A/B MAC transition activities.

At this time, this J15 documentation applies only to OH Part B and Home Health/Hospice.

EDI Enrollment Submission Address

Fax (preferred method)

CGS Electronic Data Interchange (EDI):

1.615.664.5945	Ohio Part A
1.615.664.5927	Ohio Part B
1.615.664.5947	Home Health & Hospice
1.615.664.5943	Kentucky Part A
1.615.664.5917	Kentucky Part B

Mailing address: J15 — Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202

E-Mail Enrollment Monitoring

Your e-mail address will be the primary method of communication with CGS EDI Operations. We will send your password and dial-in numbers via e-mail that you can use to access GPNet. Be sure to include your e-mail address on all EDI Enrollment forms.

Take Control of your Accounts Receivable and Become Compliant Now!

Sign up today to receive your remittances electronically and be ahead of the game. Download and print your remits more quickly. CMS is focused on increasing the number of providers who receive their remittances electronically and decreasing the printing and mailing costs associated with hardcopy remittances. Complete your forms today!

Support

We are committed to making your transition to EMC as smooth as possible. If you have any questions regarding the information contained in this package, please feel free to contact the CGS EDI Help Desk at 1.866.758.5666.

Thank you for your interest in Electronic Data Interchange!

Using Electronic Data Interchange Services

CGS has prepared this packet for Jurisdiction 15 A/B MAC submitters. J15 includes the Part A & Part B contracts for Kentucky and Ohio and Region B for Home Health and Hospice (HHH).

Please visit the CGS (http://www.cgsmedicare.com) website or contact the CGS Help Desk at 1.866.758.5666 for EDI support.

The J15 A/B MAC EDI Enrollment packet contains forms and explanations for each of the services offered by our Electronic Data Interchange (EDI) department. For further information regarding any of this material, please call the CGS Help Desk at 1.866.758.5666

When submitting completed forms, please allow a processing time of approximately 20 business days. Remember – CGS cannot process incomplete applications or agreements! Please fill in all appropriate blank.

If you are a provider waiting for a provider number, please wait before submitting any EDI forms! You must be assigned your provider number before completing any of the paperwork below. To apply for a provider number, please call the Provider Customer Service toll-free at the following phone number:

Ohio Part B: 1.866.276.9558
Home Health: 1.877.299.4500
Hospice: 1.866.539.5592

The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically, with limited exceptions.

For more information on CGS EDI options, please visit our website at http://www.cgsmedicare/J15/EDI The CMS Electronic Billing & EDI Transactions Web page at http://www.cms.gov/ElectronicBillingEDITrans/ also includes detailed

information on EDI and the Administrative Simplification provision.

Please join the ListServ Notification Service (http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp**) to receive EDI news electronically!**

1. EDI Application

PLEASE NOTE: The EDI Application Form is used for initial EDI set up. The information on this form is also used to verify requester information submitted on additional EDI applications. **Please retain a copy of the EDI Application Form for your records.** You must submit a completed EDI Application Form when submitting the EDI Enrollment Agreement, Provider Authorization Form or Software Order Form.

A Submitter ID number is a unique number identifying electronic submitters. A Submitter ID can be used to transmit Part A, Part B and HHH EDI transactions to CGS. You must request a Submitter ID if you will be submitting claims directly to CGS. However, if you are a provider and will be using a billing service or clearinghouse to submit your claims, do not complete this form to request a Submitter ID. Billing services, not their customers, need electronic submitter numbers. Providers, Billing Services, Clearinghouses and Vendors must complete the EDI Application Form when requesting a change to your current EDI setup.

Providers are not permitted to share their personal EDI access number (Submitter ID) or password with:

- Any billing agent, clearinghouse/network service vendor
- Anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility or to determine the status of a claim
- Any non-staff individual or entity

The EDI Submitter ID and password act as an electronic signature; therefore, the provider would be liable if any entity performed an illegal action while using that EDI Submitter ID and password. Likewise, a provider's EDI Submitter ID and password is not transferable, meaning that it may not be given to a new owner of the provider's operation. New owners must obtain their own EDI Submitter ID and password.

GPNet is the HIPAA-compliant EDI gateway used by CGS. The GPNet communication platform supports asynchronous telecommunications up to 56K bps. It will support numerous asynchronous telecommunication protocols, including Kermit, Xmodem (Check Sum), Ymodem (Batch) and Zmodem. Most "off-the-shelf" communication software will support one or all of these protocols. You may select any of the protocols indicated; however, **Zmodem is recommended** based on its speed and reliability. The asynchronous user's modem should be compatible with 56K, V.34 28.8 bps or V.42 14.4 bps.

In addition, we encourage the use of PKZIP compatible compression software. GPNet is defaulted to send uncompressed files; therefore, if you wish to receive all of your files in a compressed format, select the appropriate option on the EDI Application Form.

Note: In addition to modem file transfers, GPNet also supports file transfers via dial-up File Transfer Protocol (FTP) and CONNECT:Direct (also known as Network Data Mover or NDM).

The GPNet platform is available 24 hours a day, seven days a week. The real time editing system is down from 11:30 p.m. to 5:00 a.m. EST. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within 24 hours.

The GPNet Communications Manual includes information about connecting to CGS's EDI Gateway. The *GPNet Communications Manual* is available for download from our J15 EDI website (http://www.cgsmedicare.com/j15/edi.html) The *GPNet Edit Manual* includes a list of GPNet Edit codes and descriptions that may appear on the GPNet Response Report. The *GPNet Edit Manual* is also available for download from our website. Please contact the CGS EDI Help Desk at 1.866.758.5666 with questions regarding GPNet edits.

The following asynchronous communication packages are currently successfully transmitting to GPNet:

- ProComm Plus; Release 2.03 (DOS)
- ProComm Plus; Release 2.11 (Windows)
- Crosstalk; Release 2.2 (Windows)
- QuickLink2; Release 1.4.3 (Windows)
- PC Anywhere; Release 5.0 (DOS)
- PC Anywhere; Release 2.0 (Windows)
- Term; Release 6.1, 6.2, and 6.3
- Mlink; Release 6.07
- HyperTerminal; Windows '95, '98, and NT

The settings you should verify are:

- Terminal Emulation VT100
- Parity NONE
- Data Bits – 8
- Stop Bits 1

2. EDI Enrollment Agreement

Every provider who submits electronic claims to CGS, whether directly or through a billing service or clearinghouse, must complete this agreement. Please indicate your provider or group number and National Provider Identifier [NPI] so the contract may be logged correctly. Billing services should not complete the EDI Enrollment Agreement unless they are a Medicare provider as well as a billing agency. Only one agreement per group is required.

CGS EDI cannot process any of the enclosed forms for a provider without a completed EDI Enrollment Agreement on file.

Providers who have contracted with a third party (clearinghouse/network service vendor or a billing agent) are required to have an agreement signed by that third party in which the third party has agreed to meet the same Medicare security and privacy requirements that apply to the provider in regard to the viewing or use of Medicare Beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the provider.

Providers are obligated to notify Medicare by hardcopy of:

- Any changes in their billing agent or clearinghouse
- The effective date of which the provider will discontinue using a specific billing agent or clearinghouse
- If the provider wants to begin to use additional types of EDI transactions
- Other changes that might impact their use of EDI

Providers are not required to notify Medicare if their existing clearinghouse begins to use alternate software; the clearinghouse is responsible for notification in this instance.

Note: The binding information in an EDI Enrollment Agreement does not expire if the person who signed the form for a provider is no longer employed by the provider.

3. Provider Authorization Form

Every provider who authorizes a billing service and/or clearinghouse to act on their behalf must complete the provider authorization form. This form must be completed by the provider and submitted with the EDI application.

PLEASE NOTE: CR3875 requires that each provider be notified when a clearinghouse and/or billing service has requested access to the provider's claims, responses, electronic remittances or online services access.

4. Software Order

4A. PC-ACE Pro32 Software

CGS offers PC-ACE Pro32, a claims-entry software that allows providers to enter their claims. Pro32 does not integrate into office systems such as accounts receivable, inventory or billing. This software is HIPAA compliant and allows for all types of claims to be submitted electronically. Use the software order form to order software from CGS.

This software is **not** supported when installed on a network. The software must be installed on a stand-alone PC.

Minimum system requirements for Pro32 include:

- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
- 64 MB system memory (128 MB recommended)
- CD-ROM drive
- SVGA monitor resolution (800 x 600)
- Windows '95, '98, 2000, Me, XP, NT 4.0, Vista or Windows 7 operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing)

This free software can be downloaded from the Adobe Web site (http://www.adobe.com)

4B. PC Print for Part A Electronic Remittances

PC Print is a software product designed to operate on Windows based personal computers. The PC Print translator program allows viewing and printing of X12 835 version 4010A1 remittance data. This software does not support systematic posting of the 835 data. It was developed by the Fiscal Intermediary Standard System (FISS) for the Centers for Medicare & Medicaid Services (CMS). This software is available to Part A Providers via download from the CGS Web site under EDI Software & Manuals at no cost. With PC Print, you can view and print:

- **Single claims –** Detail line-item activity for each claim. Compressed font is incorporated in order to display the

detail line item activity of a claim.

- **All claims –** An abbreviated format for all claims in a transmission file, shown in increments of 25.
- **Bill summary –** Sub-totals for each payment category per provider fiscal year and the total remittance found within the Single Claim format, accumulated and displayed by TOB (type of bill).
- **Provider summary –** Total payment to the provider for each billing cycle in a transmission file. Nonclaim payment adjustments are listed when applicable. These adjustments allow for provider payments when claims are not present (such as Periodic Interim Payments, Cost Report Settlements, etc.). The adjustments also allow for various other financial transactions required between Fiscal Intermediaries and providers.

4C. Medicare Remittance Easy Print (MREP) Software for Part B Electronic Remittances

The Centers for Medicare & Medicaid Services (CMS) has made available the Medicare Remittance Easy Print (MREP) software to enable Medicare providers to view and print an ANSI 835 Health Care Claim Payment / Advice (also referred to as Electronic Remittances). Using the HIPAA 835 files, MREP enables providers to view and print ANSI 835 in the current Standard Paper Remittance (SPR) format Medicare uses. MREP provides the ability to view, search and print the 835 in a format providers are familiar, as well as view and print special reports.

Providers who use MREP can print reports to reconcile accounts receivable as well as create documents that can be included with claim submission to Coordination of Benefits (COB) payers. MREP is available free to Medicare providers, and it can be installed on a personal computer (PC) or network. MREP information is located on our website, http://www.PalmettoGBA.com/EDI, under Software & Manuals.

5. Online Inquiry Services (DDE for HHH, Part A & PPTN for Part B)

Online Inquiry Services are two online computer inquiry systems that provide easy and immediate access to claims processing and beneficiary eligibility information for Medicare providers, including:

HHH/Part A – DDE	Part B - PPTN
• Electronic Claims Submission • Claim Status • Submitter/Provider File Inquiry • Beneficiary Eligibility Inquiry • Correcting RTPs (Return to Provider)	• Individual Claim Display • Claim Status • Summary of Payments • Beneficiary Eligibility Inquiry • Pricing Information • Diagnosis and Procedure Code Lookup

Each user must have an individual DDE or PPTN ID number. You must include an individual's name with each user ID requested. *For security reason, you can not share your DDE or PPTN ID Number, nor can the ID be transferred to another person. If that individual leaves your company or no longer needs access, please contact EDI to delete the ID.* One DDE or PPTN ID can access multiple provider numbers.

5A. Direct Data Entry (DDE) for HHH/Part A

CGS makes HHH/Part A claim entry available directly into the claims processing system via on-line Direct Data Entry (DDE). Access is available to DDE either through ABILITY (formerly VisionShare) or IVANS. ABILITY offers Internet connectivity to DDE. IVANS offers a broadband connection or dial-up connectivity using AT&T Client / Passport for Windows IP software. Providers use DDE for claim submission by signing on to CGS's claims processing system and entering claims on-line, similarly to the way data entry operators enter paper claims submitted to CGS. DDE is also available to all providers who use other methods of electronic claim submission but wish to check status of claims, beneficiary eligibility and correct claims on-line through the DDE system. The DDE User's Manual is available for download from the CGS Web site under EDI Software & Manuals.

5B. Professional Provider Telecommunications Network (PPTN) for Part B

Professional Provider Telecommunications Network (PPTN) gives you the ability to check eligibility and to make claims status inquiries electronically for Medicare patients. Providers submitting claims electronically whether participating or nonparticipating can access PPTN. Providers can monitor the processing of all claims as they appear in the Medicare

processing system for a specific provider number, using a beneficiary Health Insurance Claim Number (HICN), through a specific date, or dates of service. This will include paid, denied, and pended claims for electronically transmitted claims, paper claims, assigned claims, and nonassigned claims. The PPTN User's Manual is available for download from the CGS Web site under EDI and Software & Manuals.

6. Connectivity Options

6A. IVANS Communications Service Agreements – Dial and IP Gateway for Broadband

Signing Up for IVANS Medicare Access Is Easy.
http://www.ivans.com/medicareaccess

IVANS provides high-speed, broadband access to Medicare. For more than 15 years and 135,000 healthcare providers, IVANS has delivered Medicare Access solutions that give providers greater control over their Medicare cash flow.

View IVANS video at http://www.ivans.com/medicareaccess

IVANS makes it easier to conduct all kinds of Medicare transactions – eligibility verification, claims submission and claims status inquiry, batch claims submission, electronic remittance advice, and more - all in one location.

Providers can begin using IVANS Medicare Access in as little as 24 hours and for a flat monthly fee, with no major training or hardware installation required.

To easily create a custom price quote, view IVANS video, or sign-up online, please visit www.ivans.com/medicareaccess. IVANS sales associates are available to help at 1.800.548.2690 or via Live Chat at http://www.ivans.com/medicareaccess.

6B. ABILITY EDI Connectivity Inquiry Form

ABILITY (formerly VisionShare) provides low-cost, high-speed Internet connectivity to Online Inquiry Services and the Common Working File (CWF). ABILITY provides software that connects you over the Internet for both real-time access and batch claims submission. The same software also provides access to the Medicare Eligibility Database for 270/271 real-time beneficiary eligibility verification. Flat-rate pricing permits users unlimited access. There are no modems needed and no metered dial charges.

If you elect to gain access to Online Inquiry Services through ABILITY, you may contact them at 1.888.895.2649 or e-mail sales@abilitynetwork.com.

6C. ECC Technologies' RAPID Network

ECC Technologies' RAPID Network provides a secure, reliable and cost effective way for your facility to connect to the Medicare system utilizing your existing Internet connection. ECC Technologies has solutions that range from the single user to hundreds of simultaneous users. With the RAPID Network, you can connect to Part A DDE, as well as EDI claim file submission/ERA-Report retrieval at CGS, among others.

Contact ECC Technologies by calling 1.855.643.2252, e-mail rapidinfo@ecctec.com or visit http://www.ecctec.com or http://www.rapid-network.com.

7. Testing

Submitter testing is required to ensure that the flow of data from the submitter to CGS works properly. Testing also ensures the data submitted is valid and formatted correctly. New submitters are required to test prior to sending their first production dataset. New submitters are also required to have completed the CGS enrollment process prior to testing.

Begin testing once you have software and a Submitter ID number. You must submit a minimum of 25 claims that are representative of your practice (they do not have to be "real" or current claims) and you must score 95% or better to get certified for "live" claims production. You should submit test claim files using your Medicare provider number. Do not notify CGS before you test – just start!

Response reports are available within 24 hours of transmission. Submitters should retrieve their reports, correct any errors, and re-submit the claims until a single file of at least 25 claims is 95% error free. You must contact the CGS EDI Help Desk once you have successfully passed testing.

8. Change of Ownership, Address, or Phone Number

When you have a change of ownership, address or phone number you must notify CGS by calling the CGS EDI Help Desk at 1.866.758.5666. If the change of ownership results in different provider numbers(s), please inform the EDI Help Desk when you call.

9. Notice to Billing Services, Clearinghouses and Vendors

If you will be submitting claims for more than one provider and you do not have a financial relationship with those

providers (other than a billing relationship), you will be classified as a billing service. Each provider must complete an EDI Enrollment Agreement and the Provider Authorization Form. CGS EDI Operations will verify provider authorization.

Clearinghouses and Network Service Vendors (NSVs) must use their own EDI Submitter ID /Receiver ID Number and password to submit and receive EDI transactions on behalf of providers. You may not use a number or password that has been assigned to a provider. If you currently use or have knowledge of an EDI Submitter ID or Receiver ID number and password issued to a provider by CGS, you must disclose that information to the EDI Operations Department.

Clearinghouses and NSVs can submit or receive EDI Medicare transactions for providers who have filed an EDI Enrollment Agreement and EDI forms which authorizes the Clearinghouse or NSV to conduct specified transactions on their behalf. A Clearinghouse or NSV will be in violation of CMS and HIPAA privacy and security requirements for the following actions:

- Attempting to conduct EDI transactions for a provider that has not authorized it to perform such actions on their behalf
- Conducts an authorized transaction for a provider who did not request the specific transaction (such as submission of a request for eligibility data when that request was not originated by the provider identified as the source of the request)

Violators may be subject to penalties established by HIPAA and could lose all access rights to Medicare contractor systems nationally.

Clearinghouses and NSVs who do not translate non-HIPAA transactions or prepare claims are not permitted to read the content of data transmitted between a provider and Medicare, beyond accessing basic fields needed to determine inbound or outbound routing.

J15 EDI Application Form Instructions

The purpose of the *J15 EDI Application Form* is to enroll providers, software vendors, clearinghouses and billing services as electronic submitters and recipients of electronic claims data. **It is important that instructions are followed and that all required information is completed. Incomplete forms will be returned to the applicant, thus delaying processing.**

The field descriptions listed below will aid in completing the form properly. There are two (2) pages to the application form. The first page is required and the second page should be used only if additional providers need to be listed.

Form Field Name	Instructions for Field Completion
Line of Business Information	Indicate the line of business and state for which you will be transmitting. Select all that apply to this request.
Action Requested: • Add Provider(s) • Change/Update Submitter Information • Delete • Apply for New Submitter ID • Apply for New Receiver ID	Indicate the action to be taken on the application form. • If you need to add additional providers to an existing submitter ID, check **Add Provider(s)**. • If you request to change or update information about the Submitter, check **Change/Update Submitter Information** and be sure to include your current Submitter ID. • If you request to delete a provider(s), check **Delete** and be sure to include your submitter ID. • If you are a new applicant, check **Apply for New Submitter ID**. • If you are a new applicant, check **Apply for New Receiver ID** (This option is available for North Carolina Part A and Virginia Part B only).
Submitter ID	The submitter ID is used by the submitter to communicate with CGS electronically. For new applicants, this field should be left blank, as CGS will assign this ID if requested. For changes or additions, enter the Submitter ID to which the change/additions should be applied.

Form Field Name	Instructions for Field Completion
Date	Please enter the date the application is completed.
Submitter Name	Enter the name of the entity (provider, software vendor, billing service or clearinghouse) that will actually be communicating electronically with CGS.
Owner Name(s)	Enter the name of the individual(s) who owns the entity listed above.
Type of Submitter	Check the appropriate box.
EDI Contact Person	The name of the submitter's primary EDI contact. This is the person CGS will contact if there are questions regarding the application or future questions about their communications.
Phone	The area code and phone number of the Contact Person listed.
FAX	The FAX number for this location.
Address	The mailing address of the submitter.
City, State, Zip	The city, state and zip code of the submitter.
Claim Submission Mode of Communication	There are four available modes of communication modes that can be used for claim submission. Check **ONLY ONE**. • **GPNet BBS:** Modem-to-modem transmission to our Bulletin Board System (BBS)—*not internet based.* • **Connect Direct – NDM:** Network Data Mover – enables the upload of files directly from submitter into the Medicare system (not Direct Data Entry) –requires that NDM communications network setup already be completed. Note: typically requires a subscription to a third party service provider—*not internet based*. • **Dial-up FTP:** modem-to-modem connection to GPNet using File Transfer Protocol (FTP)– not the BBS. *Not internet-based.* • **Leased FTP:** FTP transmission to GPNet via the internet or network-based connection (provided through a Network Service Vendor (NSV) such as IVANS or Ability)--note: this requires a subscription to third party.
Report/Electronic Remittance Retrieval Mode of Communication	Check **ONLY ONE** mode of communication that will be used for file retrieval. • **GPNet BBS:** indicates that for file retrieval, Modem-to-modem connection to our Bulletin Board System (BBS) will be used—*not internet based.* • **CONNECT:Direct (NDM):** indicates that Network Data Mover (NDM) will be used to retrieve your files directly from the Medicare system – requires that the NDM communications network setup already be completed—typically requires a subscription to a third party service provider—*not internet based.* • **Dial-up FTP:** indicates that a modem-to-modem connection to GPNet will be used to retrieve your files using File Transfer Protocol (FTP)—this is not the GPNet BBS. *Not internet based.* • **Leased FTP:** FTP file retrieval from GPNet via the internet or network-based connection (provided through a Network Service Vendor (NSV) such as IVANS or Ability)--note: this requires a subscription to third party.
Report Response Format	Check the format in which you will receive GPNet Claims Acceptance Responses.
Data Compression	To receive files compressed for faster transmission, indicate which data compression utility you support.
Name of Software Vendor	Indicate the name of the software vendor you are using, if applicable.
Vendor ID	Include Vendor ID number if known.
Providers For Whom Submitter Will Be Communicating Electronically	
Form Field Name	**Instructions for Field Completion**
Provider Name	List each provider whose bills will be submitted by the submitter named above. (If additional providers need to be listed, indicate each one separately on the *Multiple Providers List* form.) This name must match the name submitted on the CMS 855 Medicare Enrollment Application.
Provider E-mail address	Indicate the e-mail address for the provider listed above. This e-mail address will be the primary source of communications regarding approval of changes to their EDI options.
Provider Number	Indicate the Medicare Provider Number for each provider listed.
NPI	Include the National Provider Identifier (NPI).

Form Field Name	Instructions for Field Completion
Provider Authorization Form Attached: Y/N	Indicate "Y" for Yes or "N" for No. A provider authorization form is required to authorize a clearinghouse and/or billing service as an electronic submitter and recipient of electronic claims data.
Submit Claims	Check this box if the application is for the submitter to submit claims electronically for this provider.
Receive Reports	Check this box if the submitter wants to receive response reports electronically for the provider indicated.
Receive Electronic Remittances	Check this box if the submitter wants to receive Electronic Remittances for the provider indicated. Provider must be submitting claims electronically to receive Electronic Remittances.
Online Inquiry	Check this box if the submitter currently uses or plans to use the Online Inquiry Services (DDE or PPTN). Note: The Online Inquiry Form must be submitted if this option is selected.

Once you have completed the application form, please retain a copy for your records and mail the original to the address listed below. Your Submitter ID and software (if applicable) will be processed within 20 business days of receipt of completed forms.

FAX completed form (for faster service) to:

1.615.664.5945 Ohio Part A
1.615.664.5927 Ohio Part B
1.615.664.5947 Home Health & Hospice
1.615.664.5943 Kentucky Part A
1.615.664.5917 Kentucky Part B

Or mail completed form to:

J15 — Part B Correspondence
CGS Administrators, LLC
PO Box 20018
Nashville, TN 37202